

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | W | 7436 | 05-20-00 |
| O.I.P.E. CLASSIFIER | P | 3 | 5/3 |
| FORMALITY REVIEW | M.M. | 7462P | 6-27-00 |
| RESPONSE FORMALITY REVIEW | M.M. | 7462P | 8-17-00 |

8 8-31-00

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
|----------|----------|
| Final | |
| Original | |
| 1 | 05/10/00 |
| 2 | 05/10/00 |
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| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions
 staple additional sheet here

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